

<b>SCC eFile</b>	<b>2014 ANNUAL REPORT COMMONWEALTH OF VIRGINIA STATE CORPORATION COMMISSION</b>	<b>214514621</b>					
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <p>1.) CORPORATION NAME: <b>NATIONAL DENTAL ASSOCIATION</b></p> <p>2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: <b>DR. RONALD TOLSON 5246 DAWES AVENUE ALEXANDRIA, VA</b></p> <p>3.) CITY OR COUNTY OF VA REGISTERED OFFICE: <b>ALEXANDRIA CITY</b></p> <p>4.) STATE OR COUNTRY OF INCORPORATION: <b>VA</b></p> </div> <div style="width: 35%;"> <p>DUE DATE: <b>3/31/2014</b></p> <p>SCC ID NO: <b>00437939</b></p> <p>5.) STOCK INFORMATION</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">CLASS</td> <td style="width: 50%;">AUTHORIZED</td> </tr> </table> </div> </div>			CLASS	AUTHORIZED			
CLASS	AUTHORIZED						
<p>6.) PRINCIPAL OFFICE ADDRESS:</p> <p style="text-align: center;">ADDRESS: 3517 16TH STREET NW</p> <p style="text-align: center;">CITY/ST/ZIP: WASHINGTON, DC 20010</p>							
<p>7.) DIRECTORS AND PRINCIPAL OFFICERS:      All directors and principal officers must be listed. An individual may be designated as both a director and an officer.</p>							
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: DR CYNTHIA HODGE  TITLE: NDAF PRESIDENT  ADDRESS: 236 FARMINGTON, MC 3905  CITY/ST/ZIP/CO: FARMINGTON, CT 06030 </td> <td style="width: 10%; text-align: center; vertical-align: middle;"> <input checked="" type="checkbox"/> </td> <td style="width: 20%; text-align: center; vertical-align: middle;">OFFICER</td> <td style="width: 10%; text-align: center; vertical-align: middle;"> <input type="checkbox"/> </td> <td style="width: 10%; text-align: center; vertical-align: middle;">DIRECTOR</td> </tr> </table>			NAME: DR CYNTHIA HODGE TITLE: NDAF PRESIDENT ADDRESS: 236 FARMINGTON, MC 3905 CITY/ST/ZIP/CO: FARMINGTON, CT 06030	<input checked="" type="checkbox"/>	OFFICER	<input type="checkbox"/>	DIRECTOR
NAME: DR CYNTHIA HODGE TITLE: NDAF PRESIDENT ADDRESS: 236 FARMINGTON, MC 3905 CITY/ST/ZIP/CO: FARMINGTON, CT 06030	<input checked="" type="checkbox"/>	OFFICER	<input type="checkbox"/>	DIRECTOR			
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: MR ROBERT S JOHNS  TITLE: DIRECTOR  ADDRESS: 3517 16TH STREET NW  CITY/ST/ZIP/CO: WASHINGTON, DC 20010 </td> <td style="width: 10%; text-align: center; vertical-align: middle;"> <input type="checkbox"/> </td> <td style="width: 20%; text-align: center; vertical-align: middle;">OFFICER</td> <td style="width: 10%; text-align: center; vertical-align: middle;"> <input checked="" type="checkbox"/> </td> <td style="width: 10%; text-align: center; vertical-align: middle;">DIRECTOR</td> </tr> </table>			NAME: MR ROBERT S JOHNS TITLE: DIRECTOR ADDRESS: 3517 16TH STREET NW CITY/ST/ZIP/CO: WASHINGTON, DC 20010	<input type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
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NAME: DR. ALISON P RIDDLE FLETCHER TITLE: PRESIDENT ADDRESS: 3320 ST. LUKES LANE CITY/ST/ZIP/CO: BALTIMORE, MD 21207	<input checked="" type="checkbox"/>	OFFICER	<input type="checkbox"/>	DIRECTOR			
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: DR. MADELINE J ANDERSON THOMAS  TITLE: CHAIRMAN  ADDRESS: 674 OAK CREEK DRIVE  CITY/ST/ZIP/CO: CEDAR HILL, TX 75104 </td> <td style="width: 10%; text-align: center; vertical-align: middle;"> <input type="checkbox"/> </td> <td style="width: 20%; text-align: center; vertical-align: middle;">OFFICER</td> <td style="width: 10%; text-align: center; vertical-align: middle;"> <input checked="" type="checkbox"/> </td> <td style="width: 10%; text-align: center; vertical-align: middle;">DIRECTOR</td> </tr> </table>			NAME: DR. MADELINE J ANDERSON THOMAS TITLE: CHAIRMAN ADDRESS: 674 OAK CREEK DRIVE CITY/ST/ZIP/CO: CEDAR HILL, TX 75104	<input type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
NAME: DR. MADELINE J ANDERSON THOMAS TITLE: CHAIRMAN ADDRESS: 674 OAK CREEK DRIVE CITY/ST/ZIP/CO: CEDAR HILL, TX 75104	<input type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR			
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: DR. CARRIE B BROWN  TITLE: PRESIDENT ELECT  ADDRESS: 353 HIGHFIELD LOOP  CITY/ST/ZIP/CO: MYRTLE BEACH, SC 29579 </td> <td style="width: 10%; text-align: center; vertical-align: middle;"> <input checked="" type="checkbox"/> </td> <td style="width: 20%; text-align: center; vertical-align: middle;">OFFICER</td> <td style="width: 10%; text-align: center; vertical-align: middle;"> <input type="checkbox"/> </td> <td style="width: 10%; text-align: center; vertical-align: middle;">DIRECTOR</td> </tr> </table>			NAME: DR. CARRIE B BROWN TITLE: PRESIDENT ELECT ADDRESS: 353 HIGHFIELD LOOP CITY/ST/ZIP/CO: MYRTLE BEACH, SC 29579	<input checked="" type="checkbox"/>	OFFICER	<input type="checkbox"/>	DIRECTOR
NAME: DR. CARRIE B BROWN TITLE: PRESIDENT ELECT ADDRESS: 353 HIGHFIELD LOOP CITY/ST/ZIP/CO: MYRTLE BEACH, SC 29579	<input checked="" type="checkbox"/>	OFFICER	<input type="checkbox"/>	DIRECTOR			
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: DR. DAPHNE FERGUSON YOUNG  TITLE: BOARD MEMBER  ADDRESS: 2120 LEBANON PIKE  CITY/ST/ZIP/CO: SUITE 38  NASHVILLE, TN 37210 </td> <td style="width: 10%; text-align: center; vertical-align: middle;"> <input checked="" type="checkbox"/> </td> <td style="width: 20%; text-align: center; vertical-align: middle;">OFFICER</td> <td style="width: 10%; text-align: center; vertical-align: middle;"> <input type="checkbox"/> </td> <td style="width: 10%; text-align: center; vertical-align: middle;">DIRECTOR</td> </tr> </table>			NAME: DR. DAPHNE FERGUSON YOUNG TITLE: BOARD MEMBER ADDRESS: 2120 LEBANON PIKE CITY/ST/ZIP/CO: SUITE 38 NASHVILLE, TN 37210	<input checked="" type="checkbox"/>	OFFICER	<input type="checkbox"/>	DIRECTOR
NAME: DR. DAPHNE FERGUSON YOUNG TITLE: BOARD MEMBER ADDRESS: 2120 LEBANON PIKE CITY/ST/ZIP/CO: SUITE 38 NASHVILLE, TN 37210	<input checked="" type="checkbox"/>	OFFICER	<input type="checkbox"/>	DIRECTOR			

NAME:	DR. EUGENE J JORDAN	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	BOARD MEMBER		
ADDRESS:	13145 EUCLID AVENUE		
CITY/ST/ZIP/CO:	CLEVELAND, OH 44112		
NAME:	DR. JOAN S MALCOLM	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	BOARD MEMBER		
ADDRESS:	402 INDEPENDENCE BLVD		
CITY/ST/ZIP/CO:	SICKLERVILLE, NJ 08081		
NAME:	DR. LARRY F McNAIR	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	BOARD MEMBER		
ADDRESS:	2033 HAMLIN STREET NW		
CITY/ST/ZIP/CO:	WASHINGTON, DC 20018		
NAME:	DR. LEONARD C BRED A III	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	BOARD MEMBER		
ADDRESS:	903 MILL STREET		
CITY/ST/ZIP/CO:	LAKE CHARLES, LA 70601		
NAME:	DR. LOREN D ALVES	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	BOARD MEMBER		
ADDRESS:	1954 EAST HOUSTON STREET		
CITY/ST/ZIP/CO:	SUITE 210 SAN ANTONIO , TX 78202		
NAME:	DR. LOUIS A HASSELL	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	BOARD MEMBER		
ADDRESS:	3796 ASHLEY PHOSPHATE ROAD		
CITY/ST/ZIP/CO:	NORTH CHARLESTON, SC 29418		
NAME:	DR. ROBIN R DANIEL	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	BOARD MEMBER		
ADDRESS:	1829 JOE JOHNSTON AVENUE		
CITY/ST/ZIP/CO:	NASHVILLE, TN 37203		
NAME:	DR. ROSALYNN M CRISP	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	BOARD MEMBER		
ADDRESS:	1513 MEADOWOOD DRIVE		
CITY/ST/ZIP/CO:	BURLINGTON , NC 27215		
NAME:	DR. WALLACE J BELLAMY	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	BOARD MEMBER		
ADDRESS:	8007 LAGUAN BLVD.		
CITY/ST/ZIP/CO:	SUITE 3 ELK GROVE, CA 95758		
NAME:	DR. WINTHROP A HOLDER	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	BOARD MEMBER		
ADDRESS:	881 WINTHROP STREET		
CITY/ST/ZIP/CO:	BROOKLYN, NY 11203		
NAME:	DR. MADGE POTTS-WILLIAMS	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	BOARD MEMBER		
ADDRESS:	4480 RICHMOND ROAD		
CITY/ST/ZIP/CO:	WARRENSVILLE HEIGHTS, OH 44128		

I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.

/s/ MR ROBERT S JOHNS	MR ROBERT S JOHNS, DIRECTOR	3/20/2014
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PRINTED NAME AND CORPORATE TITLE	DATE

It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.